

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

140	4421
OMR A	APPROVAL
OMB Number:	3235-0076
Expires: Octobe	er 31, 2008
Estimated averag	ge burden
hours per respon	nse16.00
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SEC US	E ONLY
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DATE RECEIVED

	his is an amendment and name has changed, and indicate	e change.)	
Participating Shares in Comm	onfund Global Absolute Alpha Company		<u> </u>
Filing Under (Check box(es) tha	it apply): 🔲 Rule 504 🔲 Rule 505 🗵 Rule 506 🔲 S	ection 4(6) ULOE	
Type of Filing: New Filing I	Amendment	<u> </u>	
	A. BASIC IDENTIFIC	CATION DATA	
1. Enter the information recues	ted about the issuer		I I I I I I I I I I I I I I I I I I I
Name of Issuer ( check if this	is an amendment and name has changed, and indicate c	hange.)	
Commonfund Global Absolute	e Alpha Company		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (incl	
c/o Commonfund Asset Manag		(203) 563-5000	ORORSOST
15 Old Danbury Road			00003257
P.O. Box 812	BBACE	:¢eIn	
Wilton, CT 06897		<u> </u>	
Address of Principal Business C	perations (Number and Street, City, State, Zip Code)	Telephor e Number (inclu	iding Area Code)
(if different from Executive Off	ices)	2008	
Brief Description of Busine: s		(D)	
Private Investment Fund.		DOUTEDO	
Type of Business Organizat on	THOMSON	KEUIEKO —	
corporation	□limited partnership, already formed		
		other (please specify): Cayman I	slands exempted company
☐ business trust	☐ limited partnership, to be formed		<u> </u>
	Month Year		
Actual or Estimated Date of Inc.	orporation or Organization: 1 1 0 7		
Jurisdiction of Incorporation or	Organization: (Enter two-letter U.S. Postal Service abbr	reviation for State:	
•	CN for Canada; FN for other for		
CENTED AL INSTRUCTIONS			<del>-</del>

## GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A rotice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securitles and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Pa t C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (5/91) 1 of 9

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		. A. BASIC II	DENTIFICATION DAT	ГА	
X Each benefic of the issuer; X Each executi	er of the issuer, if the ial owner having the ve officer and direct	e issuer has been organiz e power to vote or dispos	e, or direct the vote or di- nd of corporate general at	sposition of, 10	% or more of a class of equity securities rtners of partnership issuers; and
Check Box(es) that Ap	oly: Promoter	Beneficial Owner	Executive Officer	⊠ Director	General and/or Managing Partner
Full Name (Last name	first, if individual)				
Hutton, Lyn Business or Residence	Address (Number a	nd Street, City, State, Zir	Code)	<del></del>	
		ny, Inc., 15 Old Danbury F		ı, CT 06897	
Check Box(es) that Ap	oly: Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name	first, if individual)				······································
de Monico, A. Nicholas	Address (Number a	nd Street, City, State, Zir	Code		
		ny, Inc., 15 Old Danbury F		ı, CT 06897	
Check Box(es) that Ap		Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name	first, if individual)				
Sedlacek, Verne O.					
		nd Street, City, State, Zip		. CT 0/007	<del>=</del>
		ny, Inc., 15 Old Danbury F Beneficial Owner			CI and/on Managing Dates
Check Box(es) that Ap Full Name (Last name		Benericial Owner		□ Director	General and/or Managing Partner
Auchineloss, John W.	mst, n marviduar)				
	Address (Number a	nd Street, City, State, Zip	Code)		
c/o Commonfund Asset i	Management Compa	ny, Inc., 15 Old Danbury F	Road, P.O. Box 812, Wilton	ı, CT 06897	
Check Box(es) that Ap	oly: Promoter	Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name	first, if individual)				
Kirby, Peter L.	Address (Number o	nd Street, City, State, Zip			
		nd Street, City, State, Zig ny, Inc., 15 Old Danbury F		ı, CT 06897	
Check Box(es) that Ap		Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name					
Phay Jr., Robert E					
		nd Street, City, State, Zip			
		ny, Inc., 15 Old Danbury F			
Check Box(es) that Ap		Beneticial Owner	Executive Officer	Director	
Full Name (Last name Commonfund Asset Mar		Inc.			
		nd Street, City, State, Zip	Code)	···	
15 Old Danbury Road, I			<u> </u>		
Check Box(es) that Ap	oly: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name					<del></del>
Rusiness or Posidones	Address (Number a	nd Street, City, State, Zip	Code		
products of Residence	vocaces (manage a	na succi, city, state, ZIP	Codej		

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apoly: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

				,	•	B. INFO	RMATIO	N ABOU	T OFFE	RING		<u> </u>			
1.	Has the	e issuer sol	ld, or does t	the issuer in	tend to sell.	, to non-acc	redited inv	estors in thi	s offering?	,.,				Yes	No ⊠
					,	Answer also	in Append	lix, Column	2, if filing	under ULC	Œ.				
2.	What i	s the minir	n ım invest	ment that w	ill be accep	ted from ar	y individua	al? *Subje	et to Mans	igement Di	scretion			\$ 1,000	,000*
3.	Does th	ne offering	; r-ermit joir	nt ownershi	p of a single	e unit?								Yes	No
														×	
4.	remune person	eration for or agent o	solicitation f a broker o	ited for each of purchasor dealer reg are associate	ers in conne istered with	ection with the SEC a	sales of sec nd/or with:	urities in th a state or st	e offering. ates, list the	If a person name of the	to be listed to broker or	is an assoc dealer. If i	iated nore than		
		st name fi I Securitie	rst, if indiv	idual)											
				mber and S	tunnet Citu	Ctoto 7:- (	Sada)					<u>.</u>			<del></del>
			Wilton, C		neet, City,	State, Zip C	.ode)								
Name	of Asso	ciated Bro	k or Deal	ler							· · · · · · · · · · · · · · · · · ·				
States	in Whic	h Person I	isted Has S	Solicited or	Intends to	Solicit Purc	hasers		<u> </u>						
(	Check '	'All States'	" or check i	ndividual S	tates)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	*************			All States			
	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[	IL] MT] RI]	[IN] [NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	[KY] [NJ] [TX]	(LA) (NM) (UT)	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV	(MN) (OK) (Wl)	[MS] [OR] [WY]	[MO] [PA] [PR]		
Full N	aine (La	st name fi	rst, if indiv	idual)					h			- *	<del>,*,</del>		
Busine	ess or Re	esidence A	d Iress (Nu	mber and S	treet, City,	State, Zip (	ode)								
Name	of Asso	ciated Bro	ker or Deal	er			<u> </u>		<del></del>	······································					
States	in Whic	h Person I	inted Has 9	Solicited or	Intends to S	Solicit Purc	hasers						<del></del> -		
(Checl	k "All Si	ates" or cl	ne :k individ	dual States)				************				All States			
	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[1D]		
Ţ	IL] MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
	RI] ame (La	[SC] st name fir	[SD] rs', if indivi	[TN] idual)	[TX]	[UT]	(VT)	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Busine	SS OF RE	sidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	ode)								
Name	of Asso	iated Brol	ker or Deal	er				<del></del>					·		<del></del> .
				Solicited or	Intends to S	Solicit Purc	hasers	<del></del>							
				lual States)							П	All States			
	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]					tibi		
[] []	KL] MT] RI]	[IN] [NE] [SC]	[A2] [IA] [NV] [SD]	[KS] [KS] [NH] [TN]	[KY] [KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC]	[DC] [MA] [ND]	(FL) [MI] [OH]	[GA] (MN) (OK)	[HI] [MS] [OR]	[ID] [MO] [PA]		
		7551	1000	[117]		[01]	1 7 5 1	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	S	5
	Equity	\$	S
	☐ Common ☐ Preferred		•
	Convertible Securit es (including warrants)	S	s
	Partnership Interest:	\$	s
	Other (Specify) Participating Shares	\$ 79,086,739	\$ 79,086,739
	Total	\$ 79,086,739	\$ 79,086,739
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investor:	26	\$ 79,086,739
	Non-accredited Investors		s
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		s
	Regulation A		\$
	Rule 504		S
	Total		S
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude a mounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fe-s		s
	Printing and Engraving Costs.		S
	Legal Fces	⊠	\$0
	Accounting Fees		S
	Engineering Fees		S
	Sales Commissions (specify finders' fees separately)		s
	Other Expenses (identify)		\$
	Total	৷⊠	\$0

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C. OFFERIN	G, PRICE, NUMBER OF INVESTORS, EXPENSES AN	D USE OF PROCEEDS	
	ate offering price given in response to Part C - Question 1 a Question 4.a. This difference is the "adjusted gross proceed		\$ 79,086,739
the purposes shown If the amount for any	gross proceeds to the issuer used or proposed to be used for purpose is not known, furnish an estimate and check the bornts listed must equal the adjusted gross proceeds to the issuabove.	x to the	
		Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		<b>S</b>	☐ <b>5</b>
Purchase of real estite		s	<b>□</b> 5
Purchase, rental or I asing and installation	of machinery and equipment	s	□ s
Construction or leasing of plant buildings	and facilities		□ s
Acquisition of other businesses (including offering that may be used in exchange for pursuant to a merger)	the value of securities involved in this the assets or securities of another issuer	s	s
Repayment of indebtedness		s	□s
Working capital		s	<b>□</b> 5
Other (specify): Investments in portfolio	securities and related expenses	<b>\$</b>	☑ \$ 79,086,739
Column Totals		s	☑ \$ 79,086,739
Total Payments Listed (column totals adde	d)	🛭 🖾 \$ 79,	086,739
	D. FEDERAL SIGNATURE		
	ed by the undersigned duly authorized person. If this notice is Securities and Exchange Commission, upon written reques (2) of Rule 502.		
Issuer (Print or Type)	Signature	Date	
Commonfund Global Absolute Alpha Comp		October 21 , 2008	·
Name of Signer (Print or Type)	Title of Signer (Print or Type) Secretary of the Issuer		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION

